

EXAMPLE: COVER LETTER FOR INDIVIDUAL
STANDARD MASTER CONTRACT

JUNE 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Contract Number: ABCPHY-06
Product Name: ABC Health (Catastrophic)
Proposed Effective Date: August 1, 2006

Dear Insurance Policy/Analyst:

Enclosed are standardized medical and dental contract documents for your review, to assure compliance with state and federal guidelines. The documents included in this filing are:

- Individual Contract
- Application

(The above section must be completed in full or the filing will be returned.)

A corresponding rate filing will be submitted under separate cover.

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID WASHCOMPANY1234		2. Company Name WASHINGTON CARRIER		For OIC Use Only	
3. Date Submitted JUNE 1, 2006		4. Proposed Effective Date AUGUST 1, 2006		[] File ID [] Analyst	
5. Contact ANGELA BARNES		6. Title MANAGER, CONTRACTS		Approved	Date
7. Phone (000) 000-0000		8. Fax # (000) 000-0000		Reviewed	Initials
9. E-Mail ABARNES@WACARRIER.COM		10. Purpose of Filing TO FILE INDIVIDUAL FILING		Withdrawn	
				Disapproved	
				Acknowledged	
				State Tracking #	

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

		A	B	C
Line of Insurance		Contract # Effective Date	Prior Contract # Effective Date	Product Name
STANDARD MASTER CONTRACT				
11.	<input type="checkbox"/> Large Group Contract (51+)			
	<input type="checkbox"/> Small Group Contract (2-50)			
	<input type="checkbox"/> Group Application			
	<input type="checkbox"/> Member Application			
	<input type="checkbox"/> Certificate of Coverage			
	<input type="checkbox"/> Endorsement/Rider			
12.	<input checked="" type="checkbox"/> Individual	ABC123-06, 8/1/06	ABC123-05, 8/1/05	ABC HEALTH(CATASTROPHIC)
	<input checked="" type="checkbox"/> Application	ABCAPP-06, 8/1/06	ABCAPP-05, 8/1/05	APPLICATION
	<input type="checkbox"/> Endorsement/Rider			
13.	<input type="checkbox"/> Conversion			
	<input type="checkbox"/> Endorsement/Rider			
14.	<input type="checkbox"/> Network Reports			
	<input type="checkbox"/> Access Plan			
	<input type="checkbox"/> Form B – Network Enrollment			
	<input type="checkbox"/> GeoGraphic Network Report			
15.	<input type="checkbox"/> Other			
16.	<input type="checkbox"/> Small Group Limited Schedule of Benefits			
	<input type="checkbox"/> Group Application			
	<input type="checkbox"/> Member Application			
	<input type="checkbox"/> Certificate of Coverage			
	<input type="checkbox"/> Endorsement/Rider			
	<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL		Agreement #/Effective Date	Prior Agreement #/Effective Date	
17.	<input type="checkbox"/> Provider Agreement			
18. RATE		Contract #/Effective Date	Prior Contract #/Effective Date	Negotiated Contract #/Effective Date
<input type="checkbox"/> Proprietary				
<input type="checkbox"/> For-Public				
19. NEGOTIATED CONTRACT		<input type="checkbox"/> Employer	<input type="checkbox"/> Association	<input type="checkbox"/> Government
<input type="checkbox"/> Fully Negotiated <input type="checkbox"/> Short-Form Filing		<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
<input type="checkbox"/> Trust		<input type="checkbox"/> Union		
<input type="checkbox"/> Paperwork		<input type="checkbox"/> Paperwork		
Negotiated Contract Number:		Effective Date:		
Group Name:		Group Number:		
Standard Master Contract Number (short form filings only):		Effective Date:		
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)				
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)				
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage		
Please note that rate filings and form filings must be submitted together for new plans				

EXAMPLE: COVER LETTER FOR INDIVIDUAL
PUBLIC RATE FILING

JUNE 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Individual Rate Filing - **Public Rate Schedule**
Effective Date: August 1, 2006
Form Number: ABC123-06
(If multiple form numbers, list all on a separate sheet)

Dear Rate Analyst:

Enclosed is the Individual Public Rate filing for your review. This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID WASHCOMPANY1234	2. Company Name WASHINGTON CARRIER	For OIC Use Only	
3. Date Submitted JUNE 1, 2006	4. Proposed Effective Date AUGUST 1, 2006	[] File ID	[] Analyst
5. Contact ANGELA BARNES	6. Title MANAGER, CONTRACTS	Approved	Date
7. Phone (000) 000-0000	8. Fax # (000) 000-0000	Reviewed	Initials
9. E-Mail ABARNES@WACARRIER.COM	10. Purpose of Filing TO FILE INDIVIDUAL RATE FILING – FOR PUBLIC	Withdrawn	
		Disapproved	
		Acknowledged	
		State Tracking #	

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

	A	B	C
Line of Insurance	Contract # Effective Date	Prior Contract # Effective Date	Product Name
STANDARD MASTER CONTRACT			
11. <input type="checkbox"/> Large Group Contract (51+)			
<input type="checkbox"/> Small Group Contract (2-50)			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
12. <input type="checkbox"/> Individual			
<input type="checkbox"/> Application			
<input type="checkbox"/> Endorsement/Rider			
13. <input type="checkbox"/> Conversion			
<input type="checkbox"/> Endorsement/Rider			
14. <input type="checkbox"/> Network Reports			
<input type="checkbox"/> Access Plan			
<input type="checkbox"/> Form B – Network Enrollment			
<input type="checkbox"/> GeoGraphic Network Report			
15. <input type="checkbox"/> Other			
16. <input type="checkbox"/> Small Group Limited Schedule of Benefits			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL		Agreement #/Effective Date	Prior Agreement #/Effective Date
17. <input type="checkbox"/> Provider Agreement			
18. RATE		Contract #/Effective Date	Prior Contract #/Effective Date
<input type="checkbox"/> Proprietary	INDIVIDUAL RATE FILING	INDIVIDUAL RATE FILING	Negotiated Contract #/Effective Date
<input checked="" type="checkbox"/> For-Public	AUGUST 1, 2006	AUGUST 1, 2005	N/A
19. NEGOTIATED CONTRACT		<input type="checkbox"/> Employer	<input type="checkbox"/> Association
<input type="checkbox"/> Fully Negotiated	<input type="checkbox"/> Short-Form Filing	<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Government	<input type="checkbox"/> Trust
		<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Union	<input type="checkbox"/> Paperwork
Negotiated Contract Number:		Effective Date:	
Group Name:		Group Number:	
Standard Master Contract Number (short form filings only):		Effective Date:	
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)			
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)			
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage	
Please note that rate filings and form filings must be submitted together for new plans			

21. Additional Group Numbers:

22. Additional Form Numbers:

[illegible]

This Schedule is Part of Contract #: INDIVIDUAL RATE FILING

Effective Date: AUGUST 1, 2006

EXAMPLE: COVER LETTER FOR INDIVIDUAL PROPRIETARY
RATE FILING

JUNE 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER
RATES AND FORMS DIVISION
PO BOX 40255
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER
0000 ANY STREET
ANY TOWN, ANY STATE 00000
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER
(If this is not the person preparing the filing please include that person's name also).
CONTACT PHONE: (000) 000-0000

SUBJECT: Individual Rate Filing - **Proprietary**
Effective Date: August 1, 2006
Form Number: ABC123-06
(If multiple form numbers, list all on a separate sheet)

Dear Rate Analyst:

Enclosed is the Individual Rate filing for your review. The documents included in this filing are:

- A Description of the Rate-Making Methodology
- An Actuarially Determined Estimate of Incurred Claims Including Experience Data, Assumption, and Justifications
- Actuarial Certification
- Rate Exhibit

Per RCW 48.02.120(3), we request this filing to be withheld from public inspection. We have stamped "not-for-public" on each page of this filing.

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Sincerely,
Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

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3. Date Submitted JUNE 1, 2006		4. Proposed Effective Date AUGUST 1, 2006		[] File ID [] Analyst	
5. Contact ANGELA BARNES		6. Title MANAGER, CONTRACTS		Approved Reviewed Withdrawn	
7. Phone (000) 000-0000		8. Fax # (000) 000-0000		Disapproved Acknowledged	
9. E-Mail ABARNES@WACARRIER.COM		10. Purpose of Filing TO FILE INDIVIDUAL RATE FILING – PROPRIETARY		State Tracking #	

Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box

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	<input type="checkbox"/> Endorsement/Rider			
12.	<input type="checkbox"/> Individual			
	<input type="checkbox"/> Application			
	<input type="checkbox"/> Endorsement/Rider			
13.	<input type="checkbox"/> Conversion			
	<input type="checkbox"/> Endorsement/Rider			
14.	<input type="checkbox"/> Network Reports			
	<input type="checkbox"/> Access Plan			
	<input type="checkbox"/> Form B – Network Enrollment			
	<input type="checkbox"/> GeoGraphic Network Report			
15.	<input type="checkbox"/> Other			
16.	<input type="checkbox"/> Small Group Limited Schedule of Benefits			
	<input type="checkbox"/> Group Application			
	<input type="checkbox"/> Member Application			
	<input type="checkbox"/> Certificate of Coverage			
	<input type="checkbox"/> Endorsement/Rider			
	<input type="checkbox"/> Benefit Brochure			
PRIOR APPROVAL		Agreement #/Effective Date	Prior Agreement #/Effective Date	
17.	<input type="checkbox"/> Provider Agreement			
18. RATE		Contract #/Effective Date	Prior Contract #/Effective Date	Negotiated Contract #/Effective Date
<input checked="" type="checkbox"/> Proprietary <input type="checkbox"/> For-Public		INDIVIDUAL RATE FILING AUGUST 1, 2006	INDIVIDUAL RATE FILING AUGUST 1, 2005	N/A
19. NEGOTIATED CONTRACT		<input type="checkbox"/> Employer <input type="checkbox"/> Paperwork	<input type="checkbox"/> Association <input type="checkbox"/> Paperwork	<input type="checkbox"/> Government <input type="checkbox"/> Paperwork
		<input type="checkbox"/> Trust <input type="checkbox"/> Paperwork	<input type="checkbox"/> Union <input type="checkbox"/> Paperwork	
Negotiated Contract Number:		Effective Date:		
Group Name:		Group Number:		
Standard Master Contract Number (short form filings only):		Effective Date:		
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)				
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Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage		
Please note that rate filings and form filings must be submitted together for new plans				

21. Additional Group Numbers:

22. Additional Form Numbers:

[illegible]

This Schedule is Part of Contract #: INDIVIDUAL RATE FILING - PROPRIETARY

Effective Date: AUGUST 1, 2006